

ENROLMENT 2022: PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR STFRANCISCATECHIST@GMAIL.COM BY TUESDAY 12TH JULY. CLASSES WILL BE HELD TUESDAYS 4:15 - 5 PM DURING TERM 3, STARTING 12TH JULY.

St Francis of Assisi Parish, Mill Park, 9407 6700

RELIGIOUS EDUCATION CLASSES ENROLMENT FORM 2022

Child's Surname: Male/Female: M F

Christian Names:

Catechism Grade: Pre Sacraments Reconciliation First Eucharist Confirmation

Date of Birth: Country of Birth:

Baptism Certificate Attached: Yes / No

Date of Baptism: Name of Church: Suburb:

Year of First Reconciliation: Name of Church: Suburb:

Year of First Communion: Name of Church: Suburb:

School Attending: School Grade:

Father/Guardian

Full Name:

Address:

Home Phone:

Mobile:

Country of Birth:

Religion:

Business Phone No

Marital Status: Single/Married/Separated/Divorced/Widower

Mother/Guardian

Full Name:

Address:

Home Phone:

Mobile:

Country of Birth:

Religion:

Business Phone No

Marital Status: Single/Married/Separated/Divorced/Widow

Person to Contact: Father Mother Guardian (Name

Email address:

Other Children in Family	Date of Birth	Pre School/School Class	Work
.....
.....
.....
.....

Does your child have serious allergies? Please list:

In the event of illness or an accident I understand that the Parish will contact me immediately.
If I am unavailable, I authorise any necessary emergency medical treatment.

Parents Signatures:
Father or Guardian *Mother or Guardian* *Parish Priest*

OFFICE USE ONLY

Fees Paid: Amount: Date: Method:

ST FRANCIS OF ASSISI PARISH

290 Childs Road, Mill Park 3082

phone: 9407 6700

email: stfranciscatechist@gmail.com

CATECHIST CLASS PAYMENT FORM 2022

Please fill out the following form if you would like your payment for your child's catechist classes (religious education classes) to be processed from your credit card.

Surname: First Name:

Address:

Postcode: Contact phone number:

Email: (receipt will be emailed to this address)

FEES: **\$60 per child per year**
\$30 per child per year if you have a current health care card.
(A copy of your current health care card must be sent with this form.)

Children to be enrolled:

Full Name: Amount:

Full Name: Amount:

Full Name: Amount:

Full Name: Amount:

TOTAL:

You can also pay by cash or eftpos at the parish office.

Credit Card Deduction: Visa / Mastercard

Card Number:

Expiry Date: / Name on Card Signature:

CW (last 3 digits on back of card) Copy of Health Care Card Attached (if applicable): Yes

Please email this form to stfranciscatechist@gmail.com or hand it in to the parish office during office hours.